

- and anyone claiming to be a parent of *(child's name)*:  
born on *(date)*:  
at *(name of hospital or other place of birth and city and state)*:

- |          |       |        |       |
|----------|-------|--------|-------|
| a. Date: | Time: | Dept.: | Room: |
|----------|-------|--------|-------|
- b. Address of court:    ☐ same as noted above    ☐ other (*specify*):

3. At the hearing the court will consider the recommendations of the social worker.
4. The social worker will recommend that your child be freed from your legal custody so that the child may be adopted. If the court follows the recommendation, all your parental rights to the child will be terminated.
5. **You are required to be present at the hearing, and you have the right to be represented by an attorney. If you do not have an attorney and cannot afford to hire one, the court will appoint an attorney for you.**
6. **If the court terminates your parental rights, the order may be final.**
7. **The court will proceed with this hearing whether or not you are present.**

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy